

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: TIMED DELAY FOR REDELIVERY OF  
TREATMENT THERAPY FOR A MEDICAL  
DEVICE SYSTEM

Attorney Docket Number:: 011738.00135

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 33

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: G.  
Family Name:: Frei  
Name Suffix::  
City of Residence:: Lawrence  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 2513 Via Linda Drive  
City of mailing address:: Lawrence  
State or Province of mailing address:: KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ivan  
Middle Name::  
Family Name:: Osorio  
Name Suffix::  
City of Residence:: Leawood  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 4005 W. 124<sup>th</sup> Street  
City of mailing address:: Leawood  
State or Province of mailing address:: KS

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Naresh  
Middle Name:: C.  
Family Name:: Bhavaraju  
Name Suffix::  
City of Residence:: Mission  
State or Province of Residence:: KS  
Country of Residence:: US  
Street of mailing address:: 6909 W. 51<sup>st</sup> Place  
Apt. 3B  
City of mailing address:: Mission  
State or Province of mailing address:: KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 66202

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: L.  
Family Name:: Carlson  
Name Suffix::  
City of Residence:: Fridley  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 141 46<sup>th</sup> Avenue NE  
City of mailing address:: Fridley

State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55421

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: Jonathon  
Middle Name:: E.  
Family Name:: Giftakis  
Name Suffix::  
City of Residence:: Brooklyn Park  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 3701 78<sup>th</sup> Avenue N  
City of mailing address:: Brooklyn Park  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55443

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nina  
Middle Name:: M.  
Family Name:: Graves  
Name Suffix::  
City of Residence:: Minnetonka  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 4312 Ridge Court

City of mailing address:: Minnetonka  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55391

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/504,000	09/19/03
This Application	Non-Provisional of	60/418,666	10/15/02

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: Medtronic, Inc.  
Street of mailing address:: 710 Medtronic Parkway, NE  
MS-LC340  
City of mailing address:: Mineapolis  
State or Province of mailing address:: MN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 55432